

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Proposition 8, Campaign for Marriage Equality, A project of the American Civil Liberties Union of Northern California			<b>Date of This Filing</b> 10/10/2008	Date Stamp   Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> ( ) -	<b>I.D. NUMBER</b> (if applicable) 1308178	<b>Report No.</b> 959			
<b>STREET ADDRESS</b>					
<b>CITY</b> San Francisco	<b>STATE</b> CA	<b>ZIP CODE</b> 94111	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/10/2008	Grant Kaufman Chicago, IL 60610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Perlow Steel Corporation	\$5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Proposition 8, Campaign for Marriage Equality, A project of the American Civil Liberties Union of Northern California			<b>Date of This Filing</b> 10/10/2008	Date Stamp	<b>CALIFORNIA FORM 497</b>
<b>AREA CODE/PHONE NUMBER</b> ( ) -		<b>I.D. NUMBER (if applicable)</b> 1308178			
<b>STREET ADDRESS</b>			<b>Report No.</b> 959	Page 2 of 2	For Official Use Only
<b>CITY</b> San Francisco			<input type="checkbox"/> <b>Amendment to Report No.</b> (explain below)		
<b>STATE</b> CA			<b>No. of Pages</b> 2		
<b>ZIP CODE</b> 94111					

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: